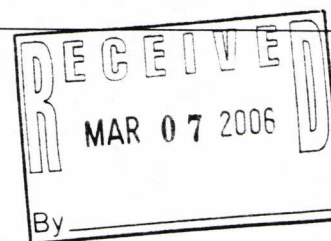




The Sherwin-Williams Company
Environmental, Health & Regulatory Services
101 Prospect Avenue, N.W.
Cleveland, Ohio 44115-1075
Facsimile: (216) 566-2730

MO 068549773



VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

February 22, 2006

Missouri Department of Natural Resources
Hazardous Waste Program
P.O. Box 176
Jefferson City, Missouri 65102

**Re: Sherwin-Williams Company #4355
2005 Federal Biennial Hazardous Waste Report**

To Whom It May Concern:

Attached please find the 2005 Biennial Hazardous Waste Report for the Sherwin-Williams Chemical Coatings facility located at 7601 Page Blvd., St. Louis, MO. This report is being filed to comply with the federal biennial hazardous waste report regulations.

If you have any questions or need further information please contact me at (314) 725-4446.

Sincerely,

Tim Jones
Facility Manager
Sherwin-Williams Chemical Coatings #4355

466449



RCRA RECORDS



✓ 22 MAR 2006
JL Trilen

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 07 2006 </div>	
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <div style="text-align: right;">By _____</div> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report			
2. Site EPA ID Number (page 10)	EPA ID Number <div style="text-align: center; border: 1px solid black; padding: 5px;"> M O D O 6 8 5 4 9 7 7 3 </div>			
3. Site Name (page 10)	Name: Sherwin-Williams Company #4355			
4. Site Location Information (page 10)	Street Address: 7601 Page Blvd			
	City, Town, or Village: St. Louis		State: MO	
	County Name: St. Louis		Zip Code: 63133	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 424950		B.	
	C.		D.	
7. Site Mailing Address (page 11)	Street or P. O. Box: Same as location			
	City, Town, or Village:			
	State:			
	Country: USA		Zip Code:	
8. Site Contact Person (page 11)	First Name: Tim		MI:	Last Name: Jones
	Phone Number: 314-725-4446 Extension:		E-mail address: jones-t@sbcglobal.net	
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator: Sherwin-Williams Company		Date Became Operator (mm/dd/yyyy): 10/1/1975	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Legal Owner: Sherwin-Williams Company		Date Became Owner (mm/dd/yyyy): 5/3/1996	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

22 MAR 2006

SS Tr. Co.

EPA ID NO: M00 068 549 773

OMB#: 2050-0024 Expires 10/31/2007


9. Legal Owner (Continued) Address	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Street or P. O. Box: 101 Prospect Ave</td></tr><tr><td colspan="2">City, Town, or Village: Cleveland</td></tr><tr><td colspan="2">State: OH</td></tr><tr><td>Country: USA</td><td>Zip Code: 44115</td></tr></table>	Street or P. O. Box: 101 Prospect Ave		City, Town, or Village: Cleveland		State: OH		Country: USA	Zip Code: 44115
Street or P. O. Box: 101 Prospect Ave									
City, Town, or Village: Cleveland									
State: OH									
Country: USA	Zip Code: 44115								

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

<p><input checked="" type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> 6. Underground Injection Control</p>
--	--

B. Universal Waste Activities <p><input type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Generate</th><th style="text-align: center;">Accumulate</th></tr></thead><tbody><tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>c. Thermostats</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</p>		Generate	Accumulate	a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	C. Used Oil Activities Mark all boxes that apply. <p><input type="checkbox"/> 1. Used Oil Transporter If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
	Generate	Accumulate																							
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>																							
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>																							
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>																							
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e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																							
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																							
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																							

11. Description of Hazardous Wastes (See instructions on page 17.)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001	F003	F005				
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
12. Comments (See instructions on page 17.)						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 17.)						
Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)					Date Signed (mm/dd/yyyy)
	Timothy R Jones - Facility Manager					3/6/06

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

 SITE NAME: Sherwin-Williams #4355
St. Louis, MO "

 EPA ID NO: M01D 068 549 773
**FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description
Waste paint and solvent from blending and cleaning operations

 B. EPA hazardous waste code D001 F003
F005

C. State hazardous waste code

D. Source code

G13

Management Method code for Source code G25

H

E. Form code

W209

F. Quantity generated in 2005

24075.0

G. UOM

L

Density

☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

 On-site Management
Method code

H

 Quantity treated, disposed, or
recycled on site in 2005

ON-SITE PROCESS SYSTEM 2

 On-site Management
Method code

H

 Quantity treated, disposed, or
recycled on site in 2005

Sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26)

- ☒
- 1 Yes (CONTINUE TO BOX B)
- ☐
- 2 No (FORM IS COMPLETE)

Site 1

 B. EPA ID No. of facility to which waste
was shipped

ARD 981 057 870

 C. Off-site Management Method
code Shipped to

H061

D. Total quantity shipped in 2005

24075.0

Site 2

 B. EPA ID No. of facility to which waste
was shipped

 C. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2005

Site 3

 B. EPA ID No. of facility to which waste
was shipped

 C. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2005

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**
2005 Hazardous Waste Report
**WASTE GENERATION
AND MANAGEMENT**
**BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:**
SITE NAME: Sherwin-Williams #4355
St. Louis, MO
EPA ID NO: M000068549773
**FORM
GM**
Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>Waste water with organics</u>			
B. EPA hazardous waste code <u>F003 F005</u>		C. State hazardous waste code		
D. Source code <u>G13</u> Management Method code for Source code G25		E. Form code <u>W209</u>	F. Quantity generated in 2005 <u>7520.0</u>	
G. UOM <u>L</u>		Density <u> </u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

Sec. 2	Was any of this waste managed on site? (pages 24 and 25) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2005	
<u>H </u>	<u> </u>	<u>H </u>	<u> </u>	

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>AR0981057870</u>	C. Off-site Management Method code Shipped to <u>H061</u>	D. Total quantity shipped in 2005 <u>7520.0</u>	
Site 2	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u>H </u>	D. Total quantity shipped in 2005 <u> </u>	
Site 3	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u>H </u>	D. Total quantity shipped in 2005 <u> </u>	

Comments:

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2005 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sherwin-Williams #4355St. Louis, MOEPA ID NO: M000068549773
**FORM
OI**
**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>A R D 9 8 1 0 5 7 8 7 0</u>	B. Name of off-site installation or transporter <u>Rineco</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street <u>1007 Vulcan Rd</u>		
City <u>Benton</u>		
State <u>AR</u> Zip <u>72015</u>		

Site 2	A. EPA ID No. of off-site installation or transporter <u>I L D 0 0 6 4 9 3 1 9 1</u>	B. Name of off-site installation or transporter <u>Schiber Truck Company</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street _____		
City _____		
State _____ Zip _____		

Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street _____		
City _____		
State _____ Zip _____		

Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation		
Street _____		
City _____		
State _____ Zip _____		

Comments: